August 1, 2014

Animal and Plant Health Inspection Service

Policy and Program Development

Environmental and Risk Analysis Services, Unit 149

4700 River Road Riverdale, MD 20737 Document Processing Desk [6(a)(2)]
Office of Pesticide Programs (7504P)
Ariel Rios Building
U.S. Environmental Protection Agency
1200 Pennsylvania Avenue, N.W.
Washington, DC 20460-0001

ATTN:

Mr. Norman Spurling (7502P)

SUBJECT:

FIFRA, Section 6(a)(2) quarterly report: aggregate adverse effect incidents dated March, April, and May 2014 for the

reporting period ending July 31, 2014

During this reporting period, the following APHIS-registered pesticide product was involved in adverse incidents:

EPA Reg. No. 56228-15

M-44 Cyanide Capsules

Active Ingredient:

CAS No. 143-33-9

Sodium Cyanide

Incident Category

No. of Incidents

W-B

3

D-A

3

Details of the incidents (involving the deaths of three domestic dogs, one feral dog, one golden eagle, and one common raven) can be found in the enclosures.

Please direct any questions pertaining to this adverse incident report to Jeffery W. Jones at (301) 851-4001 or e-mail Jeffery.W.Jones@aphis.usda.gov.

Sincerely,

David S. Reinhold

Chief, Environmental and Risk Analysis Services

Enclosures (6)

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U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE WILDLIFE SERVICES

MAINTAIN	6(a)(2) ADV	ERSE EFFECTS INC	IDENT INFO				
INCIDENT CODE	Date	INCIDENT STATUS	ate of last subset	OF THE INCI	CAME AWARE	ES USE ON REPORT NUMBER	
DA	New 03/04/20	I	ate of last submi	ssion	4/2014	KEPOKI NUMBEH	•
EMPLOYEE NAME (To contact	ct for additional information)	TELEPHONE NUMBER	CONTACT NA	ME (if Non-APHIS)		TELEPHONE NUM	BER
Nathan Borns	en	701-397-5834					
DUTY STATION ADDRESS			ADDRESS			<u> </u>	
4250 21st A							
<u>Larimore, l</u>	ND 58251 INCIDENT LOCATION		SOURCE OF	NFORMATION		 	
CITY	STATE	COUNTY	1		—		
Ellendate	ND	Dickey	Self Medi	Telephone Oral Repo		MTC Dat	a
EXPOSURE TYPE (Examples	include spill, splash, drift, runo	ff or other.)			<u></u>		
		c. c ,					
INCIDENT SITE [examples agricultural (specify crop), ra (specify), recreational area (specify), recreat	ngeland/pasture, noncrop ar ecify), right-of-way (rail, utility, l	ea, fallow field, public lands	application, mi equipment, du M-44	ELATING TO PROD king/loading, reentry, or ing manufacturing/form device act es - Domes	during transport, rep mulation] civated b	pair/maintenance of a	pplication
EPA REGISTRATION NUMBE	R PRODUCT NAME			ACTIVE INGREDIEN	<u> </u>		
56228-15	M-44			Sodium (Cyanide		
WAS THE PRODUCT	WHAT WAS THE I	DILUTION RATIO (If applicable))	WERE THE LABEL		THE APPLICATOR	
Concentrated Dilut	ed			DIRECTIONS FOLLO	WED CERTI	FIED (If applicable) /es No	
IS THERE EVIDENCE OF INTE	ENTIONAL MISUSE (If "Yes", e	explain)					
Yes No							
SUMMARY OF THE INCIDENT	(Attach supplemental form if	needed)					
	had been set livestock pro	as part of intection.	ntegrat	ed predato	or damage	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0000
	3					(K)	0000
						0 0 0 0 0 0	4000
						G G	0000
		<u> </u>				0 0	
NAME OF PREPARER	T	NATURE A		TELEPHONE NUMBE		DATE	
Nancy Stepha	n /	/ ance Stell	Men	701-250-4	405	03/10/2	014
NAME OF SUPERVISOR Phil Mastrar	ngelo	MATURE / M	upl	701-250-4		03/10/20	014

3		ES USE ONLY
DOMESTIC ANIMAL, FAUNA, OR FLORA INCIDENT - SUPPLEME	REPORT NUMBER	
. ,		
"X" ONE	"X" ONE	NUMBER OR ACRES AFFECTED
Amphibian Fish Bird X Mammal Invertebrate Reptile Plant	Domestic Wild	
SPECIES COMMON NAME	BREED (If known)	
levici.	BREED (II KIIOWII)	
DESCRIBE SIGNS, SYMPTOMS, ADVERSE EFFECTS		
The Domestic Dog was killed after activati	ing a M-44 device	
The Domestic Dog was killed after activati	ing a M-44 device	•
IF LABORATORY TESTS WERE PERFORMED, LIST NAME OF TEST(S) AND RESULTS (if available	, attach copies):	
MAGNITUDE OF THE EFFECT (e.g., miles of streams, square area of terrestrial habitat)		
,		
PESTICIDE APPLICATION RATE AND METHOD OF APPLICATION (Include brief description of baiting	if applicable)	
1 M-44 device was activated.	,,	
I M-11 device was activated.		
WAS PREBAITING USED ON THE SITE (Describe)		
Yes X No		
a a		(*)
DESCRIPTION OF THE HABITAT AND CIRCUMSTANCES UNDER WHICH THE INCIDENT OCCURR	ED	
M-44 devices were set in Range/Pasture land		covote
predation in livestock.		
		0000
ADDITIONAL FACTORS		
A neighbor living one mile away was walking her two dogs. She	said she came upon the o	ate to the pacture and soll
she read the warning sign that I had posted at the gate. She said s	she proceeded through th	ne gate. When a rabbit
ran in front of them one of her dogs chased it over a hill to where	the M-44's were set. He	r dog unfortunately
pulled one of the M-44's. She was very cordial about the situation	n as she said it was her fai	ult that she continued
into her neighbor's pasture after reading the warning signs. She	also said that she saw the	flags marking each M-44
		0 0
NAME OF PREPARER SIGNATURE	14 /	DATE 0
Nancy Stephan	Wallan	03/10/2014
NAME OF SUPERVISOR SIGNATURE	The second	DATE
Phil Mastrangelo	1	03/10/2014
WS FORM 160B-R (June 99) (Local Reproduction Authorized)	NyT	

Enclosure 2

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE WILDLIFE SERVICES

-002

	6(a)(2) AD\	ERSE EFFECTS INC	IDENT INFORM	NATION REPORT					
INCIDENT CODE	5.1.	INCIDENT STATUS		DATE WS BECAME AWAI					
D-A	Date New	Update	Date of last submission		REPORT NUMBER				
EMPLOYEE NAME (To conta	ct for additional information)	TELEPHONE NUMBER	CONTACT NAME (3-12-14					
Randa !!		3045912418		r Nor-APAIS)	TELEPHONE NUMBER				
	, ,								
WALKER WV 26180 INCIDENT LOCATION SOURCE OF INFORMATION									
CITY	STATE	COUNTY	X Self	Telephone Call	Letter				
Washing to	Include spill splesh drift nm	Wood D	Media	Oral Report	Other				
	mana spini apinoti aliti tali	on or one.,							
agricultural (specify crop), re (specify), recreational area (sp	incident site [examples include commercial or residential sites, forest/woods, agricultural (specify crop), rangeland/pasture, noncrop area, fallow field, public lands (specify), recreational area (specify), right-of-way (rail, utility, highway)] Agricultural (CQ+++e) Situation Relating to Product Adverse include application, mixing/loading, reentry, during transport, repair/maintenance of application equipment, during manufacturing/formulation]								
	Hay Past	~							
	Proper								
	rioper	7							
EPA REGISTRATION NUMBE	R PRODUCT NAME		ACT	IVE INGREDIENT					
56228 - 15		1-44		Sodium	Cyanide				
Concentrated Dilut		DILUTION RATIO (If applicable	DIRE	CTIONS FOLLOWED	NAS THE APPLICATOR CERTIFIED (If applicable)				
IS THERE EVIDENCE OF INTI	25.	exp(ain)		Yes No	X Yes No				
Yes No				•					
SUMMARY OF THE INCIDENT	C/Attach supplemental form if	/hebees	*****						
			llins f	ound do	g with				
coilar	r and no	ID. WT!	Rollins	contacte	ed landownes				
Dyring trap check WTRollins found dog with collar and no ID. WTRollins contacted landowner and he did not know owner of dog. Farmer had									
Previously seen this dog and one other dog									
Previou	sly seen	-this de	ogard	one oth	er dog				
Previou harassi	sly seen	-this do	og and his fa	one other	er dog er had been				
Previou	sly seen	-this do	og and his fa	one other	er dog er had been				
Previou harassi	sly seen ng lives o identif	-this do	ng and his fa oner si	one other	er dog er had been				
previou harassin trying to	sly seen ng lives o identif	tock on y dogs on	his fa	one of the comment of	er dog er had been incident.				
Previou harassin trying to	sly seen ng lives o identif	tock on y dogs on	his fa	one offi on. Farm ice that	er dog er had been incident.				

			ES USE ONLY
DOMESTIC ANIMAL, FAUNA, O	R FLORA INCIDENT - SUPPLEM	MENTAL REPORT FORM	REPORT NUMBER
"X" ONE		"X" ONE	NUMBER OR ACRES AFFECTED
Amphiblen Fish Bird Memn	nal Invertebrate Reptile Plan	t Domestic Wild	
PECIES COMMON NAME		BREED (If known)	
DESCRIBE SIGNS, SYMPTOMS, ADVERSE EFFEC	0G 18	L Bo	xer .
	File 1. Lay		
	Fatality	ध्ड	
I ADDRAMOV TEOTO WEDE RESPONSES LINE			
LABORATORY TESTS WERE PERFORMED, LIST	I NAME OF TEST(S) AND RESULTS (if availal	ble, attach copies);	
·	N/A		
	9 9		
AGNITUDE OF THE EFFECT (e.g., miles of stream	s, square area of terrestrial habitat)		•
	N/A		
			2017
ESTICIDE APPLICATION RATE AND METHOD OF A		ing if applicable)	
张 1	N/A		
AS PREBAITING USED ON THE SITE (Describe) Yes X No			
SCRIPTION OF THE HABITAT AND CIRCUMSTAN	NCES UNDER WHICH THE INCIDENT OCCUP	RED	
	Fenced Pastu	10	
(Grassy Vegeti	otion	
19	on do by togoth	-01,010	ž.
DITIONAL FACTORS	: ·		
			0000
9		č.	0 0 0
			000
ME OF PREPARER	SIGNATURE	_	0 0
Padall DII.	Signature 1	10-12/11	DATE
ME OF SUPERVISOR	SIGNATURE	W Noth	3-21-614
SAMUAL A. MICLS		3-hi	3/21/14
	ocel Reproduction Authorized)		7 - 1/0 80 1/0
•			0000

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE WILDLIFE SERVICES

-003

Rangeland/Pasture EPA REGISTRATION NUMBER 56228-15 EPA REGISTRATION NUMBER M-44 EPA REGISTRATION NUMBER Society - Feral Dog EPA REGISTRATION NUMBER Soci			6(a)(2) ADV	ERSE	EFFECTS INC	IDENT INF	ORMA	ATION REPORT			
EMPLOYEE NAME (To contact for additional information) TELEPHONE NUMBER	INCIDENT CODE							DATE WS BECAME	AWARE	ES USE	ONLY
EMPLOYEE NAME (To contact for edditional information) Jeremy Duckwitz TELEPHONE NUMBER 701-387-4212 DUTY STATION ADDRESS 5435 Hwy 83 SE Moffit, ND 58560 TOTY Lehr STATE ND Logan Source of Information Informatio	WB					ate of last subm	nission	1		REPORT NUM	3ER
Decemby Duckwitz Tol-387-4212		A New	03/17/20	14	Update			03/17/2	014		
DUTY STATION ADDRESS 5435 Hwy 83 SE MOFFIT. ND 58550 NICIDATI LOCATION STATE LOGAN ENPOSURE TYPE (Examples include spats, drift, numble or other) ENPOSURE TYPE (Examples include spats, drift, numble or other) MICIDENT STE parametes include spats, splats, drift, numble or other) MICIDENT STE parametes include spats, splats, drift, numble or other) MICIDENT STE parametes include spats, splats, drift, numble or other) MICIDENT STE parametes include spats, splats, drift, numble or other) MICIDENT STE parametes include spats, splats, drift, numble or other) MICIDENT STE parametes include spats, splats, drift, numble or other) MICIDENT STE parametes include spats, splats, drift, numble or other) MICIDENT STE parametes include spats, splats, drift, numble or other) MICIDENT STE parametes include spats, splats, drift, numble or other) MICIDENT STE parametes include spats, splats, drift, numble or specific specific spats, splats, drift, numble or specific specific spats, splats, drift, numble or specific specific spats, drift, numble or specific speci	EMPLOYEE NAME (To contact	ct for addition	onal information)	TELEI	PHONE NUMBER	CONTACT N	AME (If I	Non-APHIS)		TELEPHONE N	UMBER
SOURCE OF INFORMATION Media	Jeremy Duckw	vitz		70:	1-387-4212						
MOTIFIED NO 58560 MICIDENT LOCATION SOURCE OF INFORMATION Letter Telephone Call Lett	DUTY STATION ADDRESS					ADDRESS				I	
STATE COUNTY Logan Self Telephone Call Letter MIS Data	5435 Hwy 83	3 SE									
STATE COUNTY Set Telephone Call Leiter MIS Data	Moffit, ND										
Lehr ND Logan Seff Telephone Call Letter Later MIS Data	CITY	INCIDE				SOURCE OF	INFORM	MATION			
EXPOSURE TYPE (Examples include spill, splash, driff, runoff or other.) INCIDENT SITE (examples include commercial or residential sites, forestwoods, spiriturial (openity, rong), rangelend/pasture, noncrop area, failow field, public lands application, mixing/localing, reently, drifty grangoof, repairmaintenance of application opulpment, during municularing/manufacturing/maintenance of application opulpment, during municularing/manufacturing/maintenance of application opulpment, during municularing/manufacturing/maintenance of application opulpment, during municularing/maintenance of appli				1		Self	. [Telephone Call	Letter		
INCIDENT SITE (examples include commercial or residential sites, forest/woods, agricultural (speedly, crop), targetsand/pasture, noncrop area, sidew field, public lands application, mb/sing/loading, respl., during transport, repat/maintenance of application (cpoedly), recreated and area (speedly), fight-d-way (rail, utility, highway)) Rangeland/Pasture PRODUCT NAME Sodium Cyanide PRODUCT NAME Sodium Cyanide WHAT WAS THE DRIJTION RATIO (if applicable) WHAT WAS THE DRIJTION RATIO (if applicable) WHAT WAS THE DRIJTION RATIO (if applicable) WHAT WAS THE EVIDENCE OF INTENTIONAL MISUSE (if "yes", explain) Yes ☑ No SUMMARY OF THE INCIDENT (Altach supplemental form if needed) N-44 devices had been set as part of integrated predator damage program for livestock protection. SIMPLE FROME NUMBER Name of PREPARER Namoy Stephan NAME OF PREPARER Namoy Stephan NAME OF Supervision File Phone Number 701-250-4405 04/01/2014			MD	"	ogan	Med Med	lia [Oral Report	X Other	MIS Da	ata
agricultural (specify crop), rangeland/pasture, noncrop area, fallow field, public lands epoleston, mixing/location, reentry, during transport, repair/maintenance of application (specify), recreational area (specify), right-of-way (rail, utility, highway)) Rangeland/Pasture PRODUCT NAME SC28-15 M-44 Sodium Cyanide WASTHE PRODUCT WHAT WAS THE DILUTION RATIO (if applicable) WHET THE LABEL (FT Yes', explain) WASTHER EVIDENCE OF INTENTIONAL MISUSE (if Yes', explain) Yes No SUMMARY OF THE INCIDENT (Attach supplemental form if needed) M-44 devices had been set as part of integrated predator damage program for livestock protection. NAME OF PREPARER Nancy Stephan NAME OF SUPERVISOR Phil Mastrangelo PRODUCT NAME ACTIVE INGREDIENT Sodium Cyanide WASTHE APPLICATOR DIRECTIONS FOLLOWED WASTHE APPLICATOR DIRECTIONS FOLLOWED WASTHE APPLICATOR DIRECTIONS FOLLOWED WASTHER PRODUCT WHAT WAS THE DILUTION RATIO (if applicable) WASTHER PRODUCT WHAT WAS THE DILUTION RATIO (if applicable) WASTHER PRODUCT WHAT WAS THE APPLICATOR DIRECTIONS FOLLOWED WAS THE APPLICATOR CERTIFIED (if applicable) WE NO SUMMARY OF THE INCIDENT (Attach supplemental form if needed) M-44 devices had been set as part of integrated predator damage program for livestock protection. DATE 701-250-4405 Od/101/2014					·	SITUATION	DEI ATI	NG TO PRODUCT A	DVEDGE IN	ODFAT.	
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Species - Feral Dog EPA REGISTRATION NUMBER 56228-15 M-44 WAS THE PRODUCT MAS THE APPLICATOR CERTIFIED (If applicable) MAS THE PRODUCT MAS THE APPLICATOR CERTIFIED (If applicable) MAS THE PRODUCT MAS THE APPLICATOR CERTIFIED (If applicable) MAS THE PRODUCT MAS THE APPLICATOR CERTIFIED (If applicable) MAS THE PRODUCT MAS THE PROD						M-44	dev	ice activa	ted b	v non-ta	raet
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MAST THE PRODUCT WHAT WAS THE DILUTION RATIO (If applicable) WERE THE LABEL DIRECTIONS FOLLOWED DIRE											
MAST THE PRODUCT WHAT WAS THE DILUTION RATIO (If applicable) WERE THE LABEL DIRECTIONS FOLLOWED DIRE	FPA REGISTRATION NUMBE	R	PRODUCT NAME				ACTRO	E INCOEDIENT			
WAS THE PRODUCT WHAT WAS THE DILUTION RATIO (If applicable) WERE THE LABEL DIRECTIONS FOLLOWED DIRECTIONS FOLLOWED CERTIFIED (If applicable) Yes No STHERE EVIDENCE OF INTENTIONAL MISUSE (If Yes*, explain) WAS THE APPLICATOR CERTIFIED (If applicable) Yes No SUMMARY OF THE INCIDENT (Attach supplemental form if needed) M-44 devices had been set as part of integrated predator damage program for livestock protection. NAME OF PREPARER Nancy Stephan NAME OF SUPERVISOR Phil Mastrangelo WAS THE LABEL DIRECTIONS FOLLOWED CERTIFIED (If applicable) Yes No WERE THE LABEL DIRECTIONS FOLLOWED TELEPHONE NUMBER 701-250-4405 DATE 701-250-4405 DATE 701-250-4405 DATE 701-250-4405 DATE									ide		
DIRECTIONS FOLLOWED CERTIFIED (If applicable) X yes No X yes No No No No No No No N						_					
STHERE EVIDENCE OF INTENTIONAL MISUSE (If "Yes", explain) Yes	WAS THE PRODUCT	-	WHAT WAS THE I	DILUTIO	N RATIO (If applicable)					
SUMMARY OF THE INCIDENT (Attach supplemental form if needed) M-44 devices had been set as part of integrated predator damage program for livestock protection. NAME OF PREPARER Nancy Stephan NAME OF SUPERVISOR Phil Mastrangelo SIGNATURE TELEPHONE NUMBER 701-250-4405 TELEPHONE NUMBER 701-250-4405 DATE 701-250-4405 O4/01/2014	Concentrated Dilut	ted					l		1 —		•1
SUMMARY OF THE INCIDENT (Attach supplemental form if needed) M-44 devices had been set as part of integrated predator damage program for livestock protection. NAME OF PREPARER Nancy Stephan NAME OF SUPERVISOR Phil Mastrangelo SIGNATURE SIGNATURE TELEPHONE NUMBER 701-250-4405 DATE 701-250-4405 DATE 701-250-4405 DATE 701-250-4405	IS THERE EVIDENCE OF INTE	ENTIONAL	MISUSE (If "Yes", e	explain)							,
M-44 devices had been set as part of integrated predator damage program for livestock protection. NAME OF PREPARER Nancy Stephan NAME OF SUPERVISOR Phil Mastrangelo SIGNATURE TELEPHONE NUMBER 701-250-4405 TELEPHONE NUMBER 701-250-4405 O4/01/2014	Yes X No										
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program for livestock protection. NAME OF PREPARER Nancy Stephan NAME OF SUPERVISOR Phil Mastrangelo SIGNATURE SIGNATURE TELEPHONE NUMBER 701-250-4405 TELEPHONE NUMBER 701-250-4405 O4/01/2014		(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,							
program for livestock protection. NAME OF PREPARER Nancy Stephan NAME OF SUPERVISOR Phil Mastrangelo SIGNATURE SIGNATURE TELEPHONE NUMBER 701-250-4405 TELEPHONE NUMBER 701-250-4405 O4/01/2014	M-44 devices	had	heen cet	20	nart of i	ntegrat	od *	aredator d			
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NAME OF PREPARER Nancy Stephan NAME OF SUPERVISOR Phil Mastrangelo SIGNATURE TELEPHONE NUMBER 701-250-4405 TELEPHONE NUMBER 701-250-4405 DATE 701-250-4405 04/01/2014	and the second									00 0	
NAME OF PREPARER Nancy Stephan NAME OF SUPERVISOR Phil Mastrangelo SIGNATURE SIGNATURE TELEPHONE NUMBER 701-250-4405 TELEPHONE NUMBER 701-250-4405 DATE 701-250-4405 O4/01/2014											00000
Name of Preparer Nancy Stephan Name of Supervisor Phil Mastrangelo Signature Signature Telephone Number 701-250-4405 Telephone Number 701-250-4405 Telephone Number 701-250-4405 O4/01/2014										C	
NAME OF PREPARER Nancy Stephan NAME OF SUPERVISOR Phil Mastrangelo SIGNATURE SIGNATURE TELEPHONE NUMBER 701-250-4405 TELEPHONE NUMBER 701-250-4405 DATE 701-250-4405 O4/01/2014	•	ii:						50			G
Name of PREPARER Nancy Stephan Name of Supervisor Phil Mastrangelo										000000	
Nancy Stephan Name of supervisor Phil Mastrangelo Name of Supervisor Phil Mastrangelo Telephone Number 701-250-4405 Telephone Number 701-250-4405 O4/01/2014										. 0	
Nancy Stephan Name of supervisor Phil Mastrangelo Name of Supervisor Phil Mastrangelo Telephone Number 701-250-4405 Telephone Number 701-250-4405 O4/01/2014	NAME OF PREPARER		Sile	NATUR	F 0 /	1	TEI EDI	HOME NUMBER		DANK! 0.0.0	
Phil Mastrangelo 701-250-4405 04/01/2014		n	1	M	1 Stell	ban_				U	2014
			şiG	NATUR	F / /		TELEPI	HONE NUMBER		DATE	
The way	Phil Mastrar	ngelo		1/	- 41	1/	701	-250-4405		04/01/	2014
	WS FORM 160-R (June 99))		ncal Re	production Authoriza	~ ()					

		ES USE ONLY
DOMESTIC ANIMAL, FAUNA, OR FLORA INCIDENT - SUPPLEM	ENTAL REPORT FORM	REPORT NUMBER
"X" ONE	"X" ONE	NUMBER OR ACRES AFFECTED
Amphibian Fish Bird Mammal Invertebrate Reptile Plant		
SPECIES COMMON NAME Feral Dog	BREED (If known)	
DESCRIBE SIGNS, SYMPTOMS, ADVERSE EFFECTS		
The Feral Dog was killed after activating	g a M-44 device.	
IF LABORATORY TESTS WERE PERFORMED, LIST NAME OF TEST(S) AND RESULTS (if available	e, attach copies):	
MAGNITUDE OF THE EFFECT (e.g., miles of streams, square area of terrestrial habitat)		
PESTICIDE APPLICATION RATE AND METHOD OF APPLICATION (Include brief description of baiting	ng if applicable)	
1 M-44 device was activated.		
WAS PREBAITING USED ON THE SITE (Describe) Yes X No		
DESCRIPTION OF THE HABITAT AND CIRCUMSTANCES UNDER WHICH THE INCIDENT OCCURR M-44 devices were set in Range/Pasture land	RED for management o	of coyote
predation in livestock.		#
		0'000 0 0000
ADDITIONAL FACTORS		000
Cooperator told me the hill where I set the M-44's, which was dog. Cooperator commented that their dog should not have tr	I mile away, was plenty fraveled that far from the	ar enough to avoid their
	4	000000 00000
NAME OF PREPARER SIGNATURE		DATE 00000
Nancy Stephan	typran	04/01/2014
NAME OF SUPERVISOR Phil Mastrangelo	mark	DATE 04/01/2014

Jones, Jeffery W - APHIS

From:

Elliott, Thomas S - APHIS

Sent:

Friday, March 21, 2014 4:13 PM

To:

Jones, Jeffery W - APHIS

Subject:

Incidental take WS Form 160 03-19-14

Attachments:

Z. Evans WS Form 160 6(a) 03-19-14.pdf

Categories:

Red Category

Jeff

Please find attached the WS Form 160 Incidental Take report of a Golden eagle. I have notified and working with the USFWS LE Special Agent. I have also notified USFWS Permit branch.

Please let me know if you need anything else.

Tom S. Elliott
Wildlife Biologist/ District Supervisor
USDA APHIS Wildlife Services - West Virginia
730 Yokum Street
Elkins, WV 26241
(304) 636-1785
(304) 636-5397 fax
thomas.s.elliott@aphis.usda.gov

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND FLANT HEALTH (NSPECTION BERVICE WILDLIFE SERVICES

		6(a)(2) ADVE	RSE EFFECTS INC	SIDENT INFOR	MATION REPORT			
INCIDENT CODE		Data	INCIDENT STATUS	4	DATE WS BECAME AWA			
	; Y New	Date (27/16/1 as 1		Date of last submission	03/19/2014	REPORT NUMBER		
W-B		03/19/201	4		רוטג וייונט			
EMPLOYEE NAME (To co		* 1	TELEPHONE NUMBER	CONTACT NAME	(II Non-APHIS)	TELEPHONE NUMBER		
Zachary P E	vans	1	304 <i>-614-953</i> 9	1		ļ		
DUTY STATION ADDRESS	5	ı		ADDRESS		ı		
PO Box 13								
fircheville, WV	26804			1				
		NT LOCATION		SOURCE OF INFO	RMATION			
CITY		STATE	COUNTY	X Sett	Telephone Gall	Letter		
Circleville		WV	Pendleton	Modie	Orel Report	Other		
EXPOSURE TYPE (Example	i ies include spiil	i i, splash, diffi, runoff	or other.)	•				
Ingestion								
	es include co	mmercial or resido	ential sites, forest/woods	SITUATION REL	ATING TO PRODUCT ADVE	RSE INCIDENT: [examples includ		
	, rangeland/pa	sture, noncrop area	a, fallow field, public liand:	s application, mixing		ort, repair/maintenance of application		
			• •••					
Fenced off property.	IN CO TOC	r pasivre	- I LIVATO					
resperty.								
•								
PA REGISTRATION NUM	BER	PRODUCT NAME		AC	TIVE INGREDIENT			
56228-15		M-44		Bodium Cyanide				
WAS THE PRODUCT	yr II - 1	WHAT WAS THE O	LUTION RATIO (if applicable					
Concentrated Di	lluted				DIRECTIONS FOLLOWED CERTIFIED (if applicable) X Yes No X Yes No			
THERE EVIDENCE OF IN	NTENTIONAL 6	HRIBE (I TYPE W	risin)	Į į A	Yes No	X Yes No		
		maaaa (n 122 ; aa)	wherith					
Yes X N	0			<i>4</i>				
LIMMARY OF THE INCIDE	NT (Attach aut	oplementel form if no	odod)					
N-44'Sce	plued	לוחם חם	ate property	in compli	knce with us	e restatutions.		
1412 800	P 1122		177		without double on			
	AA ABB .			1	,			
agle pulled i	M-44 ;	n flaces	pasture. Eo	gle was	recovered E	by WT Evans		
agle pulled i	M-44 ;	nd reason	pasture. Co ted to swee	yle was	recovered E	by WT Brans		
pon discou	M-44; jery, a	nd report	pasture. Ed ted to super	yle was	recovered E	or to kerring		
pon discou	M-44; jery, a	nd report	pasture. Ed ted to super	yle was wisor im	recovered E	by WT Brans		
pon discou	м-44; sery, a	nd report	pasture. ED fed to super	gle was visor im	recovered E	by WT Brans		
pon discou	м-44 ; sery, a	nd report	pasture. Ed ted to super	igle was in	recovered E	by WT Brans		
pon discou	m-44; very, a	nd report	pasture. ED	gle was visor im	recovered E	or to kewing		
pon discou	m-44 ; sery, a	nd report	pasture. Ed	gle was visor im	recovered E	by WT Brans		
pon 215cou	very, a	nd report	pasture. Co	Visor in	recovered Emediately pro	or to Reving		
pon 215cou	very, a	nd report	ted to super	Visor in	recovered to	or to Reving		
pon discourse perty. AME OF PREPARER Lachary P Evaluation Tom 5, Ellis	ns	sign	ted to super	Visor in	recovered Emediately pro	or to Rawing		

WS FORM 160-R (June 99)

(Local Reproduction Authorized)

				E6 USE ONLY REPORT NUMBER	
DOMESTIC ANIMAL, FAUNA, OR FLORA INCIDE	ENT - SUPPLEMEN	TAL REPOR	FORM		Į
"X" ONE		"X" ONE		NUMBER OR ACRES AF	FECTED
Amphibian Frish X Bod Mainmal Invertibilities	Hapado I l'Isnit	Domestic	Wild X		
SPECIES COMMON NAME Eggle		BREED (II known)	Golde	n eagle	
DESCRIBE SIGNS, SYMPTOMS, ADVERSE EFFECTS	1			<u></u>	
Fatality					
1 alaliny					
IF LABORATORY TESTS WERE PERFORMED, LIST NAME OF TEST(S) AN	D RESULTS (d available :	attach cuoina).			
N/A		maan vojnoo j.			
IV/A					
		all all			
MAGNITUDE OF THE EFFECT (e.g., miles of streams, square area of terrest	trial habritat)				
N/A					
	halad daynadahaa ad hadaa d				
PESTICIDE APPLICATION RATE AND METHOD OF APPLICATION (Include t	brief desscription of baiting i	applicable)			
NA					
WAS PREBAITING USED ON THE SITE (Describe) Yes X No					
DESCRIPTION OF THE HABITAT AND CIRCUMSTANCES UNDER WHICH T	THE INCIDENT OCCURRE)			
Fenced off livestock pasture. Gra	ssy meadow.				
	•				
				0000	
ADDITIONAL FACTORS				0000	
				000	0.000
				0	00000
				0 0	00000 0
NAME OF PREPARER 13	SIGNATURE		}1	DATE	00000
Zachary P Evans	HPE-		1	03/19/2014	
	EIGNATURE		{ }1	DATE	
Tom S. Elliott	Tow Shi	al .		3/20/14	
WS FORM 160B-R (June 99) (Local Reproduction Author			· · · · · · · · · · · · · · · · · · ·		

(Local Reproduction Authorized)

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE WILDLIFE SERVICES

6(a)(2) ADVERSE EFFECTS INCIDENT INFORMATION REPORT									
INCIDENT CODE		INCID	ENT STATUS		DATE WS BECA		ES USE ONLY		
D-A	Date New		Update	Date of last submis	3-24		REPORT NUMBER		
EMPLOYEE NAME (To conta	ct for additional info	rmation) TELEF	HONE NUMBER	CONTACT NAM	RE (If Non-APHIS)		TELEPHONE NUMBER		
Jason Rho			1-591-241	7					
DUTY STATION ADDRESS				ADDRESS					
730 Yokum									
Elkins W	V 4672	4							
	INCIDENT LOC	CATION		SOURCE OF IN	FORMATION				
CITY	STATE	COUN	TY	Self	Telephone Co	ıli 🔲 Lette	r		
Buchannon			pshar	Media	Oral Report	Othe			
EXPOSURE TYPE (Examples	include spill, splast	n, drift, runoff or oth	er.)						
							×2		
INCIDENT SITE [examples agricultural (specify crop), ra (specify), recreational area (specify).	ngeland/pasture,	noncrop area, falle	ow field, public land	is application, mix		ng transport, re	NCIDENT: [examples include pelrimaintenance of application		
Agricultur	al Cc	nttle)							
Fenced wo	oded po	asture	edye		12				
	n Innon	10000100							
EPA REGISTRATION NUMBER		JCT NAME		1	ACTIVE INGREDIENT				
56228-15	γ	1-44			Sodium	- yania	le		
WAS THE PRODUCT	TAHW	WAS THE DILUTIO	N RATIO (If applicab		WERE THE LABEL WAS THE APPLICATOR DIRECTIONS FOLLOWED CERTIFIED (If applicable)				
Concentrated Dilut	ed			1	Yes No X Yes No				
IS THERE EVIDENCE OF INTE	NTIONAL MISUSE	(If "Yes", explain)				1 (-4)			
Yes No									
SUMMARY OF THE INCIDENT	(Attach supplemen	ntal form if needed)							
but no I.	D. tags	WT	Rhodes Come	spoke	with the	he tac	h a collar mes to information but he attempted to		
made an lask neight	ettort	40 100	in he	to co	Mact the	n.	999999		
ask neight	ום כזמן	AT WAS	J	1 350			0 0 0 0000		
							0 00000		
NAME OF PREPARER		SIGNATUR	E	1 1	ELEPHONE NUMBER		DATE		
Jason Rho	des	lo.	en fh	uls	304-591-	2417	3-31-14		
NAME OF SUPERVISOR		SIGNATUR	E	T	ELEPHONE NUMBER		DATE		
Tom Elliot	+	Ton	Sala		304-636-17	785-	3/31/19		

	ES USE ONLY REPORT NUMBER
DOMESTIC ANIMAL, FAUNA, OR FLORA INCIDENT - SUPPLEMENTAL REPORT FORM	
"X" ONE "X" ONE	NUMBER OR ACRES AFFECTED
Amphibian Fish Bird X Mammel Invertebrate Repiile Plant X Domestic Wild	
SPECIES COMMON NAME DOG BREED (II known) Beaals M;X	
DESCRIBE SIGNS, SYMPTOMS, ADVERSE EFFECTS Beagle M;X	
Fatality	
121411	
IF LABORATORY TESTS WERE PERFORMED, LIST NAME OF TEST(S) AND RESULTS (if available, attach copies):	
N/A	
· / /1	
MAGNITUDE OF THE EFFECT (e.g., miles of streams, square erea of terrestrial habitat)	
N/A	
PESTICIDE APPLICATION RATE AND METHOD OF APPLICATION (Include brief description of baiting if applicable)	
A11A	
N/A	
WAS PREBAITING USED ON THE SITE (Describe) Yes No	
DESCRIPTION OF THE HABITAT AND CIRCUMSTANCES UNDER WHICH THE INCIDENT OCCURRED	
Fenced wooded posture edge	
	0000 0000
	0000
ADDITIONAL FACTORS	0 0 0
	0,0000
	0 C C C C C C C C C C C C C C C C C C C
	0 00000
NAME OF PREPARER SIGNATURE	000000
Jason Rhodes losa Phili	DATE
NAME OF SUPERVISOR SIGNATURE SIGNATURE	3-39-14 DATE
To S Ellist Emplied	3/31/14

· U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE WILDLIFE SERVICES

	6(a)(2)	ADVERSE EF	FECTS INC	IDENT INF	ORMA	TION REPORT			
INCIDENT CODE		INCIDENT	STATUS			DATE WS BECAME	AWARE	ES USE ON	
M-B	New 03~31	-14	Update C	Date of last subm	ission	OF THE INCIDENT		REPORT NUMBER	t
EMPLOYEE NAME (To conta	ct for additional informa	tion) TELEPHON	IE NUMBER	CONTACT NA	AME (If N	on-APHIS)		TELEPHONE NUM	BER
Chad Nail		(304) 59	1-2455						
DUTY STATION ADDRESS US7 Laurel Val Keyser, WV 2				ADDRESS					
	INCIDENT LOCATI	ON		SOURCE OF	INFORM	ATION	\$1		
CITY	STATE	COUNTY			-		Letter		
MT. STORM	w.v	Gran	+	Self	_	Telephone Call Oral Report	Other		
INCIDENT SITE [examples agricultural (specify crop), ra (specify), recreational area (specify), recreat	ingoland/pasture, non- scity), right-of-way (rall, sheep) ced pasture private	p (cperty		s application, m	ixing/load	IG TO PRODUCT AI	ansport, rep		
56228-15	M-4	1				I'vm cyan	ide		
WAS THE PRODUCT Concentrated Dilute		THE DILUTION RA	TIO (If applicable	8)		THE LABEL RONS FOLLOWED IS No	CERT	HE APPLICATOR FIED (If applicable)	
Yes No SUMMARY OF THE INCIDENT TVOYA		orm if needed) Check	W C. Ne	il fou	nd ing	the rav	eu a	cyaside.	feet
NAME OF PREPARER Chad Ne: NAME OF SUPERVISOR		SIGNATURE .			(301)	ONE NUMBER 591- 2455 ONE NUMBER		DATE SOOS OGSGALLING	
	11.44	J.J.M. JAK	10/1	10			- 1	/ /	
VS FORM 160-R (June 99)		(Local Reprod	uction Authoriz	ed)	304	-636-17	55	4/7/14	
	,	/)					

		ES USE ONLY
DOMESTIC ANIMAL, FAUNA, OR FLORA INCIDENT - SUPPL	EMENTAL REPORT FORM	REPORT NUMBER
"X" ONE	"X" ONE	NUMBER OR ACRES AFFECTED.
Amphibian Fish Bird Mammel Invertebrate Reptile	Plant Domestic Wild	
SPECIES COMMON NAME	BREED (If known)	
DESCRIBE SIGNS, SYMPTOMS, ADVERSE EFFECTS	(GIMMON)	Raven
Fatality		
IF LABORATORY TESTS WERE PERFORMED, LIST NAME OF TEST(8) AND RESULTS (If av	railable attach conies):	
	anders, diamer copress.	
/		
N/A		
MAGNITUDE OF THE EFFECT (e.g., miles of streams, square area of terrestrial habitat)		÷.
NA		
PESTICIDE APPLICATION RATE AND METHOD OF APPLICATION (Include brief description of	balting if applicable)	
	#	
N/A		
WAS PREBAITING USED ON THE SITE (Describe)		
Yes Mo		
DESCRIPTION OF THE HABITAT AND CIRCUMSTANCES UNDER WHICH THE INCIDENT OC	CURRED	
Fenced pasture / grassy vegetation		
, com provide y grandy (ago, cond).		
74		
		0000
ADDITIONAL FACTORS		0000
ADDITIONAL FACTORS		0 0 0
		00000 0
		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
		0 0 0 0 0
		© 0 000000 0
NAME OF PREPARER SIGNATURE	1	DATE 0000
Ched Neil ("WW	<u> </u>	04-4-14
NAME OF SUPERVISOR SIGNATURE	< 8/1157	DATE
TOM 5 Ellint	5 <i>11100</i> -	4/7/14